

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005291

1. Entity Name

BAY WEST INSURANCE AGENCY, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90131 050 ***150.00

Principal Place of Business

Mailing Address

7901 4TH STREET NORTH
STE 200
ST. PETERSBURG FL 33702
US

7901 4TH STREET NORTH
STE 200
ST. PETERSBURG FL 33702-4300
US

2. Principal Place of Business

3. Mailing Address

7901 4th Street North

7901 4th Street N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 220

Suite 220

City & State

City & State

St. Petersburg FL

St. Petersburg FL

Zip 33702

Country US

Zip 33702

Country US

4. FEI Number 35-1903725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALKAN, THOMAS J
7901 4TH ST N
ST PETERSBURG FL 33702

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CD
WALL, KARL J
700 1ST AVE SOUTH
TIERRA VERDE FL 33715

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Additor

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
MCNALLY, JOSEPH W
830 PINELLAS BAY WAY S
TIERRA VERDE FL 33715

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Additor

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
READ, WAYNE
3731 BRANBLEWOOD COURT
LAND O LAKES FL 34639

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Additor

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
REINKING, LINDA L
2218 BIRCHBARK TRAIL
CLEARWATER FL 34623

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Additor

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VS
BALKAN, THOMAS J
7233 DANBURY WAY
CLEARWATER BEACH FL 34630

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Additor

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Additor

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Thomas J. Balkan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/00 727-577-3771, x208